

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |  | Docket Number (Optional)<br>2185-0577P |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
|---|--|--|-----|------------------|-------------------------------|-------|------|--------------------------------|-------|-------|----------------------------------|--------|-------|---------------------------------|--------|-------|---------------------------------|--------|--------|---|--------|-----------|----|----|----|----|
| Application Number      09/871,929-Conf. #2971  |  | Filed      October 9, 2001             |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| For      PROCESS FOR PRODUCING AN AMIDE COMPOUND  |  |  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| Art Unit      1654  |  | Examiner      S. R. Gudlbande          |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |  |  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |  |  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Time Period</th> <th style="text-align: left; border-bottom: 1px solid black;">Fee</th> <th style="text-align: left; border-bottom: 1px solid black;">Small Entity Fee</th> </tr> </thead> <tbody> <tr> <td>One month (37 CFR 1.17(a)(1))</td> <td>\$130</td> <td>\$65</td> </tr> <tr> <td>Two months (37 CFR 1.17(a)(2))</td> <td>\$490</td> <td>\$245</td> </tr> <tr> <td>Three months (37 CFR 1.17(a)(3))</td> <td>\$1110</td> <td>\$555</td> </tr> <tr> <td>Four months (37 CFR 1.17(a)(4))</td> <td>\$1730</td> <td>\$865</td> </tr> <tr> <td>Five months (37 CFR 1.17(a)(5))</td> <td>\$2350</td> <td>\$1175</td> </tr> </tbody> </table> | Time Period                            | Fee | Small Entity Fee | One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Amount</th> </tr> </thead> <tbody> <tr> <td>\$ 130.00</td> </tr> <tr> <td>\$</td> </tr> <tr> <td>\$</td> </tr> <tr> <td>\$</td> </tr> <tr> <td>\$</td> </tr> </tbody> </table> | Amount | \$ 130.00 | \$ | \$ | \$ | \$ |
| Time Period   | Fee  | Small Entity Fee                       |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| One month (37 CFR 1.17(a)(1))   | \$130  | \$65                                   |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| Two months (37 CFR 1.17(a)(2))  | \$490  | \$245                                  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| Three months (37 CFR 1.17(a)(3))  | \$1110   | \$555                                  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| Four months (37 CFR 1.17(a)(4))   | \$1730   | \$865                                  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| Five months (37 CFR 1.17(a)(5))   | \$2350   | \$1175                                 |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| Amount  |  |  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| \$ 130.00   |  |  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| \$  |  |  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| \$  |  |  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| \$  |  |  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| \$  |  |  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |  |  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |  |  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |  |  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |  |  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> .                 |  |  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>               |  |  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| I am the <input type="checkbox"/> applicant/inventor.   |  |  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.  |  |  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |  |  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,881</u>  |  |  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.   |  |  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| Registration number if acting under 37 CFR 1.34 _____   |  |  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| <u><i>John W. Bailey</i></u><br>Signature   |  | <u>DEC 12 2008</u><br>Date             |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| John W. Bailey<br>Typed or printed name   |  | (703) 205-8000<br>Telephone Number     |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |  |  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |  |  |     |                  |                               |       |      |                                |       |       |                                  |        |       |                                 |        |       |                                 |        |        |   |        |           |    |    |    |    |